0.22-5784

12-48

12-11-92

	LICANIT. IL - H	
provisions of the I	ould become subject	
(commencing with	Section 7000) of D	nder provisions of Chapter 9 livision 3 of the Business and n full force and effect.
License Number	562209	Lic. Class _2 O
Contractor	stercity	Date D/11/92
l am exemp	ot under Sec.	
B.&P.C. for	this reason	Andrews of the Control of the Contro
		Date:
Signature _	OWNER-BUILDER D	leum

for the following reason (Section 7031.5, Business and Professions

Business and Professions Code).

tion 7044, Business and Professions Code).

I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the

structure is not intended or offered for sale (Section 7044,

I, as owner of the property, am exclusively contracting

with licensed contractors to construct the project (Sec-

CONSTRUCTION LENDING AGENCY
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned

Code):

(Sec. 3097, Civ. C.).

Lender's Name

Lender's Address

property for inspection purposes.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified

Certified copy is filed with the county building inspection

CERTIFICATE OF EXEMPTION FROM WORKERS

COMPENSATION INSURANCE

(This section need not be completed if the work involved by the

I certify that in the performance of the work for which this permit

copy thereof (Sec. 3800 Lab. C.)

Certified copy is hereby furnished.

permit is for one hundred dollars (\$100) or less.)

20-0046 DPW 9/89 76A364C

COUNTY OF LOS ANGELES FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY) TYPE OF APPLIANCE OR EQUIPMENT ABSORPTION UNIT, BTU. AIR HANDLING UNIT, CFM BOILER, BTU COMPRESSOR, BTU. VENTILATION SYSTEM **EVAPORATIVE COOLER** FURNACE: FAU **FLOOR** BTU. SUSPENDED HEATER: WALL Plan check fee **PERMIT ISSUING FEE \$** PLAN CHECK APPLICANT NAME **ADDRESS** CITY TEL. NO OWNER MAIL ADDRESS CITY CONTRACTOR **ADDRESS** CITY TEL. NO STATE LICENSE NO. LIC CLASS

SEE REVERSE FOR EXPLANATORY LANGUAGE